



Serbia & Montenegro

Sustainable Elimination of Iodine Deficiency Disorders

SC/03/0629-01



INTERIM REPORT

January 2006

Contribution Data

Assisted Country:	Serbia & Montenegro
Assisted Programme:	Integrated Early Childhood Development
Donor:	USAID/Washington
Donor Reference:	AAG-G-00-97-00021-20
PBA Number:	SC/03/0629-01
Total Contribution Pledged Amount:	174,983
Programmable Amount:	166,650.00
Recovery Cost (5%):	8,330.00
Funds Used to Date:	52,669.59
Balance of Funds Available:	105,650.41
Duration of Contribution:	30 September 2007
Date Prepared:	January 2006
Period Covered:	January 2004 - December 2005

Map of Serbia & Montenegro (with neighbouring Countries)

Map No. 2215 Rev. 7 UNITED NATIONS
June 2004

Department of Planning Operation
Cartographic Section

Table of Contents

1. EXECUTIVE SUMMARY	5
2. NARRATIVE REPORT	5
ISSUE	5
ACTION	6
Progress Report	7
IMPACT.....	8
Future Work Plan	9
3. FINANCIAL UTILIZATION REPORT	10

1. EXECUTIVE SUMMARY

In the early 1950s in the Federal Republic of Yugoslavia, more than 650,000 people suffered from endemic goitre and up to 3% of the total population from cretinism. IDD was recognised as a public health problem and universal salt iodisation (USI) was introduced in 1953. In UNICEF supported Multiple Indicator Cluster Survey (MICS) in 2000, it was found that both the Republic of Serbia and the Republic of Montenegro were roughly 17 percentage points below the desired level (that at least 90% of households consume adequate iodised salt). The annual requirement of salt for human consumption in Serbia and Montenegro amounts to 100,000 tonnes. About 95% of that quantity is imported salt from other countries. There are about 260 domestic companies dealing with the import, processing (iodising sodium-chloride crystals, packaging iodised salt), distribution and sale of salt. In order to determine the biological impact of USI, in 1999, UNICEF supported a survey on goitre prevalence and urinary iodine level among school children in the Republic of Serbia. The results showed that, according to the physiological criteria, the urinary iodine level and prevalence of goitre, the Republic of Serbia eliminated IDD.

This illustrates the success of the National programme based on universal salt iodisation (USI). The success was reached due to an early recognition of IDD as an important public health problem and the implementation of legislation on USI. The achievement is striking in light of the crises the country faced during the 90s.

The whole programme is being implemented by the National Committee for IDD, fully supported by UNICEF. Strategically, the National IDD Committee plans to shift their goal from achieving elimination of IDD to its sustainability through comprehensive action at the policy, institutional (service) and family/community levels. For the past several years, efforts have been invested in enforcing IDD legislation, equipping the national salt producers, processors and laboratories, and in increasing the awareness of salt producers, service providers and general population of the importance of USI. Building on those achievements, the programmatic focus in the coming years will be ensuring the continuous political support with the financial assistance to the project implementation, establishment of sustainable USI monitoring system, and the creation of consumers' demand for iodised salt.

To top off all the activities conducted, international verification of achieved results will be requested.

2. NARRATIVE REPORT

ISSUE

Iodine deficiency is a global problem that has direct influence on the growth and development of millions of children worldwide. Iodine deficiency is the main cause of brain damage and mental retardation and can reduce the intelligence coefficient of the entire population by 10 to 15 points. The consequences are grave not only for affected children, but also for their family and the society as a whole.

Like many other European countries, Serbia and Montenegro suffered from environmentally insufficient iodine intake. It is considered that endemic goitre in this region dates back to 700 years ago. The first written and picture records (frescoes) registered by historians showed the existence of endemic goitre in the Balkan Peninsula. Surveys conducted in the early 1950s in Serbia have shown that there were some 650,000 people suffering from endemic goitre and some 20,000 suffering from endemic cretinism. Iodine deficiency disorders were recognised as

a major public health problem, and universal salt iodisation (USI) was introduced in 1951. The iodisation of all salt for human and animal consumption was mandated at 5 mg I/kg (as of 1951) and 10 mg I/kg salt (as of 1953), which resulted in significant reduction of goitre prevalence. The standards of iodisation were raised again in 1993 in response to continued prevalence of goitre in endemic regions, which was found in a study on IDD in 1990-92. Legal regulations were also endorsed at the same time, requiring iodisation amounting to 20 +/-4 mg of potassium iodide per 1 kg of salt for all salt produced for human consumption.

The annual requirement of salt for human consumption in Serbia and Montenegro amounts to 100,000 tonnes. Approximately 95% of that quantity is provided by imported salt – primarily from Bosnia and Herzegovina, Ukraine, Romania, Slovakia, Poland, Greece and Israel. There are about 260 domestic companies dealing with the import, processing (iodising sodium-chloride crystals, packaging iodised salt), distribution and sale of salt. The remaining 5% are provided by the saltern, “Bajo Sekulic”, from Ulcinj, Montenegro. Five relatively large factories import non-iodised salt, which they iodise, package and distribute. Together with the saltern in Ulcinj, these companies provide about 60% of the domestic salt supply. Each of these companies possesses equipment for iodisation and an internal control system, but none is subject to an external monitoring aimed at ensuring the quality of the final product.

The UNICEF survey carried out in 1999 on goitre prevalence and urinary iodine levels among school children in the Republic of Serbia showed that the median level of urinary iodine among representative sample of children was 158 mcg/l, which is well within the recommended value of 100-200 mcg/l. The survey also found that the prevalence of goitre in school children was 2.35%, which is well within the recommended level of below 5%. These results confirm that Serbia has eliminated iodine deficiency.

A national survey conducted in 2000 showed that properly iodised salt was used only in 73% of households in the country. While this is not so desirable, 98.7% are using salt that is iodised to some degree.

The positive results achieved to date illustrate the success of the National Programme of universal salt iodisation (USI). This success was reached as a result of the early recognition of IDD as an important public health issue and the implementation of legislation on USI.

Despite generally successful achievements, there are still a considerable number of things to be done to ensure the sustainable elimination of IDD. The political environment is currently supportive, but unstable political situation and frequent government changes call for vigilance. Parents and families need to be continuously educated on the importance of iodised salt consumption. While the commitment to the monitoring of USI and IDD exists at the country level, no system has yet been established for this purpose. As a result, no regular data on USI monitoring of iodised salt exists at the factory, retail or household level.

ACTION

The overall objective of this programme is the sustained elimination of Iodine Deficiency Disorders in Serbia and Montenegro through the universal salt iodisation (USI).

Specific objectives include:

- Maintaining the USI high on the political agenda.
- The provision of adequately iodised salt, from the level of manufacturing to the level of consumers (households).
- The establishment of a sustainable external and internal USI monitoring system.

- Increased demand of the general population for iodised salt.

Assumptions:

- The key decision-makers will use information provided to change the policy environment in favour of families.
- The service providers are motivated to implement the monitoring system.
- The vision of happy and healthy childhood is primary satisfaction and responsibility of families. This vision can bring together people at the community level.

Progress report

UNICEF supported the country in making a programmatic shift from achieving the elimination of IDD to sustaining its elimination.

- **Political processes.** The main strategy at the policy level is to ensure the continuous political support through advocacy efforts. As such, the following activities have been conducted:
 - **In 2004**, the newly established cross-sectoral Commissions for the Prevention of Iodine Deficiency Disorders in Serbia and in Montenegro had drafted the action plan, which was adopted by the Ministry of Health of Montenegro and the Ministry of Health of Serbia.
 - **In 2005**, the Decree on the IDD elimination has been drafted in Serbia. Decree will be presented to the Parliament and when adopted, will enable full financial sustainability of the programme. New legislation on salt quality has been drafted by the Ministry of Economic relations of Serbia, with participation of IDD Commission.
- **System & Institution building.** The comprehensive plan for establishing the USI monitoring system on the levels of the import and production of salt, the storing and retail trade in salt, and at the level of household consumption has been drafted and piloted.
 - **In 2004**, clear lines of state authority have been established for the processes of import, production and processing, all the way to the retail trade of salt for human and animal consumption and for the food industry. The key stakeholders (sanitary inspectors, home visiting nurses, customs inspectors, salt producers) have been involved in the whole process and trained to ensure adequate monitoring of the implementation. During the pilot research, the salt samples were collected at all levels: import (all imported salt at all border crossings), production (all salt producers), wholesale, retail trade and household (in six selected municipalities). Software for the processing, analysis and reporting of the data for USI monitoring (at the levels of import, production, wholesale, retail trade and household) has been created and tested.
 - Previously established and equipped national laboratories for salt control in Belgrade and Podgorica established regular cooperation with the Department for Laboratories of the National Health Centre of the Centre for Control and Prevention of Diseases in Atlanta in order to verify the results on determining the iodine concentration in urine.
 - In Serbia the TSH screening of newborns was improved with the creation of software for data collection, processing and analysis. Screening has also been expanded to Montenegro, where a detailed feasibility study was completed, and endorsed by the Ministry of Health of Montenegro.
 - **In 2005**, building on the lessons learned and recommendations from the pilot, USI monitoring continues to be implemented at all levels. Number of salt samples taken increased significantly. Results showed 100% of adequately iodised salt at the

producers' level in Serbia (not all producers/distributors covered) and 70% in Montenegro. At the household level, in non-representative sample, the results are between 70-80%, similar to the MICS results from 2000.

- The inter-laboratory verification of results among the laboratories of the Institute of Public Health in Serbia, the laboratories of the healthcare institutes and centres in Serbia and the laboratory of the Institute for Public Health in Montenegro have been established.
- USI information system within the IPH Serbia is fully functional and is an excellent support to the programme implementation.
- **Social Mobilisation.**
 - **In 2004** comprehensive social mobilisation plan was designed based on KAP survey which encompassed more than 2,600 respondents throughout Serbia and Montenegro with disaggregated data by regions. The plan was designed with the objectives to create social norm of iodised salt consumption, encourage consumers' demand for iodised salt and to mobilize stakeholders including salt industry and the media. In the preparatory phase, effective messages for billboards, TV spots and radio jingles were created based on the KAP survey findings. Those messages have been broadcasted all over the country, through the national and local TV stations, radio stations and national and local newspapers, reaching especially those who purchase salt in stores. Specific target groups (children, salt producers and health workers) were reached through workshops held in selected municipalities.
 - **In 2005**, in cooperation with the Institute of Public Health of Serbia, workshops were held for: local health coordinators, local and national media, and salt industry. At the workshops, oral and visual presentations, carefully designed exercise, posters and fact sheet were delivered to provide the participants with necessary information and motivate them for action. Using the extensive public health and education country network, the trained health and education workers in a cascade continue to transfer their newly acquired knowledge on USI and IDD to the parents/CBOs/NGOs in the local municipalities.
 - Through the primary school network, information on IDD elimination and importance of USI reached the teachers, children, and their parents.
 - Strategic partnership developed with the CBA, the retailers association with extensive network throughout Serbia, enabled wide distribution (article in their periodical printed in 500,000 copies monthly) of messages on the importance of USI increasing significantly their social responsibility.
 - 78,000 copies of leaflet "Iodized Salt for healthy and smart children" have been produced targeting the most important audience: pregnant women in the whole Serbia. The leaflet was created with medical and communication expertise with thorough pre-testing and carefully designed photos. Follow up evaluation is planned for February 2006.

IMPACT

Major steps forward to sustainable elimination of IDD:

- The political support was maintained at the high level in both republics. The strategic partnership among key decision-makers on USI has been established as well as the system of cooperation and coordination of all activities between the republics.
- Key stakeholders increased their knowledge and USI monitoring became a regular practice. The capacity of system for USI monitoring significantly increased through the

established information system and fully functional laboratories for salt and iodine control.

- Implementation of communication plan has increased knowledge of consumers, health workers, media and salt industry in the country.

Future work plan

Building on the achievements, the following activities will take place to ensure **sustainable** elimination of iodine deficiency disorders.

- **Reinforcing political support.** Advocacy on importance of sustainable IDD elimination with key decision makers will continue through biannual meetings.
- **Establishment of USI monitoring system.** The USI monitoring system will be further supported until full sustainability is achieved. Regular system for public information and reporting to the authorities will be developed and implemented.
- **Activities on social mobilization.** Implementation of comprehensive social mobilisation plan will continue. Social mobilisation approach will be used to reach audiences through various partnership and various communication channels. The most effective communication channels in the past were education workers, health workers and mass media. For them, a training of trainers will be organised, presenting the information about hitherto activities in this sphere. This is a crucial step for the incorporation of the USI into the medical curricula and into regular medical student's education. The media will be informed about the significance of this issue and about the social mobilisation activities, with special focus on their significant role as the messenger to the population. The partnership with the main salt producers will be maintained through regular visits and meetings. Salt industry will also serve as additional channel to educate salt retailers through educational materials, and consumers through their advertisement and packaging.
- In order to evaluate the impact of the project, research of the biological effect of the USI will be carried out on a representative sample of school children in Serbia and Montenegro.

To top off all the activities that were conducted, the international verification of achieved results will be requested.

3. FINANCIAL UTILIZATION REPORT

Donor: USAID/Washington

Assisted Country: Serbia & Montenegro

Duration of contribution: 10/09/2003 – 30/09/2007

Assisted Project: Nutrition

PBA Number: SC/03/0629-01

Period Covered: 01 January 2004 - 31 December 2005

Total Funds Committed in the Reporting Period:

Total Funds Spent 2004: \$31,556.40

Total Funds Spent 2005: \$21,113.19

Total for 2004 & 2005: \$52,669.59

Cash 2004:

CRQ Reference	Description	Value US\$
<i>Ensuring the political support</i>		
CRQ/FRYA/2004/00000125-0	IDD Project Proposal - translation services	181.30
CRQ/FRYA/2004/00000841-0	Joint meeting of Commissions for IDD Prevention of Serbia and Montenegro	2,076.94
<i>Subtotal</i>		2,258.24
<i>Establishment of the USI Monitoring System</i>		
CRQ/FRYA/2004/00000618-0	Plan of Action for Montenegro & Plan for Pilot Monitoring	1,361.16
CRQ/FRYA/2004/00000631-0	First IDD Workshop for Pilot Monitoring (at the household level)	1,001.65
CRQ/FRYA/2004/00000660-0	Second IDD Workshop for Pilot Monitoring (at the production, retail & wholesale level)	1,487.04
CRQ/FRYA/2004/00000809-0	Workshops with laboratory personnel	1,605.34
CRQ/FRYA/2004/000001091-0	IDD Meeting in Istanbul - translation services	17.04
CRQ/FRYA/2004/000001002-0	Participation of the national IDD expert in ICC/IDD meeting in Istanbul	662.45
CRQ/FRYA/2004/000001004-0	Laboratory analysis of salt samples in Montenegro (part 1)	740.07
CRQ/FRYA/2004/000001025-0	Laboratory analysis of salt samples in Montenegro (part 2)	18.28
CRQ/FRYA/2004/000001026-0	Laboratory analysis of salt samples in Serbia	522.64
CRQ/FRYA/2004/000001052-0	Field monitoring at the level of import/production of salt	416.32

CRQ/FRYA/2004/000001318-0	Laboratory analysis of households salt samples in Serbia	4,759.77
CRQ/FRYA/2004/000001452-0	Dissemination of the monitoring results	715.50
CRQ/FRYA/2004/000001500-0	<i>USI monitoring system</i> - preparation of the instructions for salt producers	1,351.50
<i>Subtotal</i>		14,658.76
Setting up of an Information System		
CRQ/FRYA/2004/000001092-0	<i>Establishing the USI information system</i> - software testing	711.53
CRQ/FRYA/2004/000001248-0	<i>Establishing the USI information system</i> - software	1,384.10
CRQ/FRYA/2004/000001362-0	<i>Establishing the USI information system</i> - software	864.14
CRQ/FRYA/2004/000001474-0	<i>Establishing the USI information system</i> - software	874.50
<i>Subtotal</i>		3,834.27
Survey on Biological Impact of USI		
<i>Subtotal</i>		0.00
Social Mobilization Activities		
CRQ/FRYA/2004/00000514-0	KAP Research report - translation services	129.80
CRQ/FRYA/2004/000001499-0	<i>Social mobilisation</i> : TV & radio broadcasts and lectures for salt producers and teachers	3,849.62
<i>Subtotal</i>		3,979.42
Obtaining of the Country International Certificate		
CRQ/FRYA/2004/000001212-0	Iodine status report - translation services	117.51
CRQ/FRYA/2004/000001521-0	IDD reporting	1,560.28
<i>Subtotal</i>		1,677.79
Visibility		
<i>Subtotal</i>		0.00
TOTAL		26,408.48
Direct Programme Support utilisation		5,147.92
GRAND TOTAL		31,556.40

Cash 2005:

CRQ Reference	Description	Value US\$
Ensuring the political support		
CRQ/FRYA/2005/00001435-0	Meeting of the IDD Commission	517.43
CRQ/FRYA/2005/00000081-0	IDD Project Proposal – translation services	245.18
CRQ/FRYA/2005/00001433-0	IDD translation	24.73
CRQ/FRYA/2005/00000382-0	IDD Project Proposal - additional translation services	121.42
<i>Subtotal</i>		908.76
Establishment of the USI Monitoring System		
CRQ/FRYA/2005/00001039-01	USI monitoring – Workshop for producers,	380.94

	importers & distributors	
CRQ/FRYA/2005/00001044-0	USI monitoring – meeting with stakeholders	826.72
CRQ/FRYA/2005/00001041-00	MNTA-IDD-Seminars for producers, importers & distributors	406.81
CRQ/FRYA/2005/00001048-0	MNTA USI monitoring – meeting with participants in monitoring	330.55
CRQ/FRYA/2005/00000339-1	Participation of the country team at the regional workshop in Antalya	7,916.03
<i>Subtotal</i>		9,861.05
Setting up of an Information System		
<i>Subtotal</i>		0.00
Survey on Biological Impact of USI		
<i>Subtotal</i>		0.00
Social Mobilization Activities		
CRQ/FRYA/2005/00000688-00	Social mobilization - Workshop for the media representatives	536.61
CRQ/FRYA/2005/00000852-00	Social mobilization – health promotional material preparation	66.11
CRQ/FRYA/2005/00001072-00	IDD leaflet pre-testing services	1,447.49
SSA/FRYA/2005/00001003-01	IDD leaflet - production services	3,477.99
CRQ/FRYA/2005/00001052-00	IDD leaflet translation services	20.86
CRQ/FRYA/2005/000001253-00	IDD leaflet proofreading services	8.78
CRQ/FRYA/2005/00000603-0	Social Mobilisation - Meeting with coordinators	1,881.46
<i>Subtotal</i>		7,439.3
Obtaining of the Country International Certificate		
<i>Subtotal</i>		0.00
Visibility		
<i>Subtotal</i>		0.00
TOTAL		18,209.11
Direct Programme Support utilisation		2,904.08
GRAND TOTAL		21,113.19